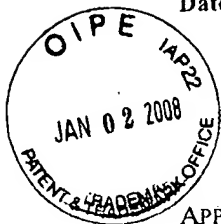


Express Mail Label No.: EV871029772US

Date of Deposit: January 2, 2008

Attorney Docket No.20363-015 NATL



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Nadler, *et al.*

SERIAL NUMBER: 09/830,400

EXAMINER: Amy E. Juedes

FILING DATE: July 20, 2001

ART UNIT: 1644

FOR: CANCER IMMUNOTHERAPY AND DIAGNOSIS USING UNIVERSAL TUMOR ASSOCIATED ANTIGENS, SUCH AS THE TELOMERASE CATALYTIC SUBUNIT (HTERT), AND METHODS FOR IDENTIFYING UNIVERSAL TUMOR ASSOCIATED ANTIGENS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Applicants hereby petition for a three-month extension of time pursuant to 37 CFR 1.136(a) in which to respond to the Final Office Action mailed June 22, 2007 in the above-identified application. With the extension, this Response was due on or before December 24, 2007 (December 22, 2007 being a Saturday). Enclosed is a check in the amount of \$525.00 in payment of the fee required by 37 C.F.R. §1.17(a)(3).

The Commissioner is hereby authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 20363-015 NATL. A duplicate copy of this Petition is enclosed.

Respectfully submitted,

01/04/2008 HVUONG1 00000016 500311 09830400

02 FC:2253 525.00 OP

Adjustment date: 02/01/2008 CKHLOK

01/04/2008 HVUONG1 00000016 09830400

02 FC:2253 -525.00 OP

Repln. Ref: 02/01/2008 CKHLOK 0008211200

DAH:500311 Name/Number:09830400

FC: 9204 \$525.00 CR

Dated: January 2, 2008

Ivor R. Elrif, Reg. No. 39,529  
Cynthia A. Kozakiewicz, Reg. No. 42,764  
Attorneys for Applicants  
c/o MINTZ, LEVIN.  
Tel: (617) 542-6000  
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Customer No.: 30623

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 01/31/08		2 Serial/Patent # 11/961,404		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	IFW	01/02/08	\$ 525.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 525.00
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 5 0 -- 0 3 1 1		
Outside maximum period obtainable.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney		
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212		
OFFICE: PETITIONS				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>C/ChbK</i>		DATE: 2/1/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
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